

TOWN OF TOWNSEND BUILDING PERMIT APPLICATION

RESIDENTIAL- NEW DWELLINGS, ADDITIONS AND RENOVATIONS

Staff Use Only					
Parcel Number:		Permit N	o <u>.</u>	Date Issued:	
	Property Owner I				
Property Owner	^(s):				
Mailing Address	j:				
				:: Zip Code:	
Home Telephon	ne Telephone Number: Cell (optional)				
Will you be actii	ng as the Contrac	tor of Record:Y	'esNo		
	-	(i.e. where work is to b		d Clark DE 7'' Code 40724	
Address:			City: <u>10Wr</u>	nsend State: <u>DE</u> Zip Code: <u>19734</u>	
SECTION THREE	- Contractor Info	ormation			
Company Name): 	7	ownsend Contracto	or License #:	
Mailing Address	j:				
City:			State	: Zip Code:	
				1)	
Fax Number:		Email Ac	Idress (optional)		
		tor of Record: Ye			
to the Tow • Submit thr lines will n	on of Townsend at the cee (3) copies of you ot be accepted). Id	the time of application fo	r a building permit. r surveyed property/k	utstanding financial obligations due poundary lines (hand drawn property	
Payment oVerify with	of your permit is du In your Homeowner	e upon submittal of the b	ance Corporation to e	ation <u>and is not reimbursable</u> . nsure compliance with your deed	
	on will be made wi			. No change from the information ruction activities shall not commence	
		osed structure shall not be and the issuance of a Bu		rise utilized without obtaining ccupancy.	
Signature of Appl	icant	 Date	If Not Owner, State	e Relationship	